

October 6, 2000

Dear State Epidemiologists:

This letter makes important recommendations for additional medical screening of refugees and immigrants from some countries in sub-Saharan Africa, after their arrival in the United States.

The number of refugees from sub-Saharan Africa resettling into the United States has increased over the last 3 years by 260%, from 6,900 in 1998 to 18,000 proposed for this year. There has also been an increase in the number of countries processing refugees. Since March 2000, Division of Quarantine (DQ) staff have visited several of these countries and assessed the overseas medical screening process for refugees and immigrants destined for the United States. The assessments evaluated laboratory methods, radiology techniques, and clinical examinations. Many serious deficiencies were identified, including the use of substandard techniques for HIV testing and tuberculosis (TB) screening (radiology, sputum collection, and microscopy). Additionally, DQ has received reports from several state health departments that refugees from some of these countries have entered the United States with medical conditions — such as infectious TB and HIV infection — that had not been recognized and documented in the overseas medical screening process.

Therefore, until further notice, the Centers for Disease Control and Prevention (CDC) recommends that, whenever possible, the responsible State programs:

- Medically evaluate all refugees and immigrants from Botswana, Cameroon, Democratic Republic of the Congo, Mali, Mozambique, The Gambia, Uganda, and Zambia, as soon as possible after their arrival.
- Review the X-rays of all refugees and immigrants from Botswana, Cameroon, Democratic Republic of the Congo, Mali, Mozambique, The Gambia, and Uganda, and repeat those of substandard quality.
- Consider retesting all refugees and immigrants from Botswana, Cameroon, Democratic Republic of the Congo, Mali, Mozambique, The Gambia, Uganda, and Zambia for HIV antibodies.
- Consider testing any adult refugee or immigrant for HIV antibodies, prior to administration of a live vaccine.
- Test any child (14 years of age or younger) who has an HIV-infected parent, or who is sexually active, for HIV antibodies.

CDC staff are currently performing evaluations and, where necessary, identifying alternate laboratories or screening facilities, or both. Working closely with the U.S. Department of State CDC staff hopes to have completed our evaluations and implementation of remedial action in the near future. In the meantime, please inform DQ (telephone: 404-639-8111, fax: 404-639-2599) of any discrepancies between your findings and those reported on the medical examination form (Optional Form-157).

CDC will continue to keep you apprised of the situation and appreciates your interest and assistance in this important public health matter.